

MOTORCYCLE SAFETY TRAINING

1. The following is required to enroll in the Motorcycle Safety Foundation (MSF) approved Basic Riders Course (BRC) or Experienced Riders Course (ERC).

- DD 1556 form
- Blocks 1, 2, 3, 6, 7, 8, 10, 11 & 12 required to fill out
- Block 32 signed by supervisor or Commander
- Block 33 signed by unit training officer or supervisor

2. After the above is met, bring the DD form 1556 for signature from a Safety Office representative in block 34. The Safety Office is located in building 4196, 2202 15th St. Ste 36.

Student can then call SA Fun Machines to schedule their respective class.

Phone number is on DD form 1556 in block 19.

Student must take the DD form 1556 with all signatures in blocks 32, 33 and 34 affixed to class. This is required in order to attend.

After completion, block 36 is signed by instructor/representative from SA Fun Machines.

Student must return form to supervisor for filing.

3. If you have any questions, comments or concerns, the point of contact is Wayne Blanco-Cerda, telephone (210) 221-3836, <mailto:wayne.blancocerda@us.army.mil>

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)											
A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx) <div style="text-align: center;">N/A</div>			B. STANDARD DOCUMENT NUMBER (Org identifier/ FY, Doc./ type code/ Serial number) <div style="text-align: center;">N/A</div>			C. REQUEST STATUS OR PROCESS CODE (X one)		D. AMENDMENT NO. <div style="text-align: center;">N/A</div>			
			<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (3) Correction		<input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (4) Cancellation						
SECTION A - TRAINEE / APPLICANT INFORMATION											
1. NAME (Last, First, Middle Initial)			2. 1st 5 LETTERS OF LAST NAME		3. SOCIAL SECURITY NUMBER		4. ED. LEVEL		5. CONTINUOUS FEDERAL SVC. a. Years b. Months		
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)			7. TELEPHONE NUMBERS (Include area code)		8. POSITION TITLE						
			a. Home		9. POSITION LEVEL (X one)						
11. ORGANIZATION NAME			b. Office							10. PAY PLAN/SERIES/GRADE/STEP (Rank/ MOS/AFSC/or Navy Designator)	
			(1) Commercial								
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)			(2) DSN		14. TYPE OF APPOINTMENT <div style="text-align: center;">N/A</div>						
			13. ORGANIZATION UIC								
			16. ARE YOU HANDICAPPED OR DISABLED? (X one)		15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS <div style="text-align: center;">N/A</div>						
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No								
					e. Other (Specify)						
SECTION B - TRAINING COURSE DATA											
17. COURSE TITLE Circle One: Basic Riders Course (BRC) or Experienced Riders Course (ERC)											
18. TRAINING OBJECTIVES (Benefits to be derived by the Government) Required Training IAW DoDI 6055.4 and AR 385-55					19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY						
					a. Name SA FUN MACHINES (210) 624-3218						
					b. Mailing address (Include ZIP Code)						
					5945 CURRAN RD VON ORMY, TX 78073 (210) 624-3218						
					c. Location of training site (If other than 19b)						
					901 North Loop 1604W San Antonio, TX 78232						
20. COURSE CODES											
a. Purpose		<input checked="" type="checkbox"/>		f. Security Clearance		<input checked="" type="checkbox"/>		k. Training Program		<input checked="" type="checkbox"/>	
b. Type		<input checked="" type="checkbox"/>		g. Allocation Status		<input checked="" type="checkbox"/>		l. Reason for Selection		<input checked="" type="checkbox"/>	
c. Source		<input checked="" type="checkbox"/>		h. Priority		<input checked="" type="checkbox"/>		23. TRAINING PERIOD (YYYYMMDD)		a. Duty	
d. Special Interest		<input checked="" type="checkbox"/>		i. Training Level		<input checked="" type="checkbox"/>				b. Non-duty	
e. Training		<input checked="" type="checkbox"/>		j. Method of Training		<input checked="" type="checkbox"/>		a. Start		c. SAID	
								b. Complete			
								c. TOTAL		c. Offering/TLN	
SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box →											
25. DIRECT COSTS			26. INDIRECT COSTS (For information only)			27. ACCOUNTING CLASSIFICATION <div style="text-align: center;">N/A</div>					
a. Tuition cost		0.00		a. Travel cost						0.00	
b. Books, material, other costs		0.00		b. Per diem/other costs						0.00	
c. Total direct costs		0.00		c. Total indirect costs						0.00	
d. Funding source Contract Funded			28. LABOR COSTS 0.00			29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) <div style="text-align: center;">N/A</div>					
31. JOB ORDER NO.			30. TOTAL OF DIRECT & INDIRECT COSTS <div style="text-align: center;">\$0.00</div>								
SECTION D - APPROVAL / CONCURRENCE / CERTIFICATION											
32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. TRAINING OFFICER: I certify this training meets regulatory requirements.						
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)			
c. Signature & Title			d. Date (YYYYMMDD)		c. Signature & Title			d. Date (YYYYMMDD)			
34. AUTHORIZING OFFICIAL					35. COURSE ACCEPTANCE (To be completed by school official)						
a. Action (X one) → <input type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved		b. Typed Name (Last, First, Middle Initial)			a. Accepted		c. School Official Signature		d. Date (YYYYMMDD)		
					b. Not Accepted						
d. Signature & Title			e. Date (YYYYMMDD)		36. COURSE COMPLETION (To be completed by school official)						
					a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →						
SAFETY SPECIALIST / FSH SAFETY OFFICE			e. Date (YYYYMMDD)		b. Actual Completion Date (YYYYMMDD)		c. Grade				
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to: ALTERNATE PHONE NUMBER: (210) 221-3866					38. CERTIFYING GOVERNMENT OFFICIAL						
					a. I certify that this account is correct and proper for payment in the amount of: \$						
			b. Signature		c. Date Signed (YYYYMMDD)		d. DSSN Number			e. Check Number	
							f. Voucher Number				
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.											

**Directions to
San Antonio Fun Machines
Training Facility**

Training is conducted on the North side of town at the Alzafar Temple. The address is 900 North Loop 1604 West.

- If heading West on Loop 1604 (from I-35 North direction) take the Stone Oak Parkway exit. Stay on the access road and continue through the signal lights at Stone Oak Pkwy, the Alzafar Temple will be ½ mile down on your right.
- If heading East on Loop 1604 (from I-10 West direction) take the Stone Oak Parkway/Voigt Dr exit. At the first signal lights take a left under the Loop 1604 overpass. Take the next left heading West on the Loop 1604 access road. The Alzafar Temple will be ½ mile down on your right.

Your class will be held on both Wednesday and Thursday from 8am-5pm. Please arrive NLT 7:45 so we can start on time. We will meet inside the Temple in Classroom #4. The following items must be brought to class with you:

- a valid Drivers license or permit
- over the ankle boots
- long pants
- long sleeved shirt
- eye protection (sunglasses or prescription glasses)

We train rain or shine so please come prepared (rain suit, sun block, etc). If for some reason you are unable to attend your scheduled class you must contact us NLT the Wed. prior to your scheduled class date. This will insure we are able to give you credit toward a later class date.

I look forward to seeing you in class.

Please call me if you have any other questions/concerns.

**Steve O'Neal
Administrator/ Instructor
San Antonio Fun Machines
210-624-3218**

